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Food chaining pdf

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Many parents worry about how to get their "picky eater" to eat a balanced meal. TV ads promote appetite supplements, but they're not a solution for eating problems. Instead, it's essential to identify the underlying causes and address them rather than just masking symptoms. One approach is Food Chaining, developed by speech therapists. It aims to increase food variety by introducing new foods that have similar sensory properties (texture, smell, taste) to ones your child already likes. This method uses your child's existing eating habits and preferences to gradually introduce new foods. Food Chaining can be helpful for children with picky eating, neophobia (fear of trying new foods), food selectivity, or Avoidant/Restrictive Food Intake Disorder (ARFID). ARFID is a recognized eating disorder characterized by a lack of interest in eating or avoiding certain foods, which can lead to nutritional deficiencies and weight loss. To diagnose the root cause of an eating problem, it's essential to rule out physical reasons, such as coordination issues during eating, choking hazards, or sensory sensitivities. Traumatic experiences, like choking or gagging, can also contribute to food aversions. The family environment plays a crucial role in shaping children's eating habits. Children learn by observing their parents and caregivers' relationships with food. For example, if fruits and vegetables are readily available and promoted at home, children are more likely to enjoy them too. Eating problems can affect around 25-45% of normally developing children, making it a common concern for many families. Many children experience eating disorders, with up to 80% of children with developmental disabilities having issues with food refusal. A study involving 742 typically developing children aged 2-7 found that 30% had neophobia, or fear of new foods. In Poland, a similar problem exists, with a study finding that 12.3% of children in the same age range had low levels of neophobia, while 76.9% and 10.8% had moderate and high levels, respectively. Neophobia can be influenced by genetic factors, but it is also strongly determined by environmental factors, such as delayed introduction of solid foods to infants. Research at a pediatric health center found that 17% of six-month-old babies were exclusively breastfed, with milk dominating their diet at one year old. To address eating disorders, the first step is to identify the underlying causes. This involves a comprehensive assessment process comprising six elements: medical evaluation by a primary care physician or specialist, nutritional assessment by a dietician, swallowing ability assessment by a speech therapist, sensory and motor assessments by an occupational therapist or physical therapist, behavioral analysis by a psychologist, and dietary chain assessment by a doctor or dietician. The next step is to analyze the child's eating behaviors. This helps identify priorities for treatment and may reveal that the disorder has varying degrees of severity, from mild to severe. The parent will need to keep track of the child's food intake and any fluids consumed over three days, as well as compile a list of accepted foods (those the child accepts regardless of where they are). The specialist will also conduct "Flavor Mapping" - mapping out the child's preferred tastes. This is important because children may have a dominant taste preference, such as a liking for sweet foods. Mapping helps select new foods that can be gradually introduced to expand the child's palate. Additionally, identifying acceptable textures, consistencies, and temperatures of food is crucial. The Food Chaining method relies on the idea that children will eat what they like, aiming to help them accept a broader range of products. A dietary chain (Food Chain) is a list of foods with similar characteristics (taste, texture, or consistency) to those the child currently consumes. New foods are added to the chain once previously accepted new foods have been incorporated. When introducing new foods to a child with eating problems, it's essential to consider their previous favorites and adjust them if necessary. If a child used to like a particular food but now shows no interest, try modifying it in some way and see if they'll accept it again. For example, if a child likes pancakes, you could offer French toast or toast instead. Once the child is comfortable with similar foods, you can start introducing new flavors and textures. If they like pudding or chocolate cake, you could add whipped cream or fruit on top. Gradually, you can introduce more variety by offering different types of puddings or cakes with different flavors. Another effective approach is called "Flavor Masking," where a new food is masked by a familiar flavor or sauce. As the child becomes accustomed to this, you can gradually reduce the amount of masking agent used. The goal of Food Chaining is to systematically introduce new foods and flavors in a way that's comfortable for the child. A scale from 1 to 10 helps track progress and identify which foods are most likely to be accepted. For example, if a child gives a high score (4 or higher) to a particular food, you can create a chain of similar foods based on that flavor. The child's feedback is essential in determining the direction of the food chain. By following these principles and taking a gradual approach, parents and caregivers can help children with eating problems develop healthy relationships with food. ARFID i strategie zarządzania dietaą u dzieci - przegląd literatury Zaburzenia odżywiania w niemowlęctwie i wczesnym dzieciństwie Neofobia żywieniowa a zachowania żywieniowe w wieku przedszkolnym Wpływ zaburzeń regulacji oraz niezintegrowanych odruchów na trudności ze spożywaniem pokarmów Środowiskowe uwarunkowania rozwoju nawyków jedzeniowych dzieci